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TRANSMITTAL FORM

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Total Number of Pages in This Submission

22

Application Number	09/681,881
Filing Date	June 20, 2001
First Named Inventor	Squires, et al.
Art Unit	1754
Examiner Name	Kevin P Kerns
Attorney Docket Number	45722.2

ENCLOSURES (Check all that apply)													
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)												
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers												
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition												
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application												
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation												
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address												
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund												
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD												
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53													
<input type="checkbox"/> Remarks <i>Return postcard</i>													
<table border="1"> <tr> <td colspan="2">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</td> </tr> <tr> <td>Firm Name</td> <td>EDWARD</td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Printed name</td> <td>EDWARD YOO</td> </tr> <tr> <td>Date</td> <td>10 MARCH 2005</td> </tr> <tr> <td></td> <td>Reg. No. 41,435</td> </tr> </table>		SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		Firm Name	EDWARD	Signature		Printed name	EDWARD YOO	Date	10 MARCH 2005		Reg. No. 41,435
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name			Date 10 MARCH 2005

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MAR 11 2005

Effective on 10/06/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

225.00

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2057 Deposit Account Name: Bennett Jones LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=		200	100	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

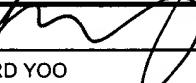
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 125.2252 Extension for response within second month

225.00

SUBMITTED BY

Signature		Registration No. 41,435 (Attorney/Agent)	Telephone 780-421-8133
Name (Print/Type)	EDWARD YOO		Date 10 March 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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